



RESPONSIBILITY STATEMENT FOR SUPERVISORS OF A SPEECH-LANGUAGE PATHOLOGY ASSISTANT

INSTRUCTIONS TO SUPERVISORS: Complete the following sections, read the statements, and sign on page 2 and 3. This form must be submitted to the Board within 30 business days from the start date of supervision. **Do not use white out or fax this form.**

This completed form must be submitted to the Board as required by Title 16, California Code of Regulations (CCR) section 1399.170.15. The information requested on this form is mandatory and must be submitted to remain in compliance with section 1399.170.15. The information provided will be used to determine compliance with section 1399.170.15.

Division 13.4 of Title 16, California Code of Regulations Section 1399.170.15 requires that any qualified speech-language pathologist who assumes responsibility for providing supervision to a registered speech-language pathology assistant to complete and sign under penalty of perjury, the following statement.

PART A: SPEECH-LANGUAGE PATHOLOGY ASSISTANT INFORMATION

1. FULL LEGAL NAME:	LAST	FIRST	MIDDLE
2. SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE NUMBER			
3. STREET ADDRESS:			
CITY, STATE, ZIP CODE:			
4. EMAIL ADDRESS:			

PART B: SUPERVISOR INFORMATION

1. FULL LEGAL NAME OF SUPERVISOR:	LAST	FIRST	MIDDLE
2. SPEECH-LANGUAGE PATHOLOGY LICENSE NUMBER OR CLEAR CREDENTIAL DOCUMENT NUMBER			
3. STREET ADDRESS:			
CITY, STATE, ZIP CODE:			
4. EMAIL ADDRESS:			

Refer to Title 16, California Code of Regulations (16 CCR), Section 1399.170.15 for a supervisor's responsibilities.

PART C: SUPERVISION

5. DATE SUPERVISION BEGAN: (MM/DD/YY)	
6. ARE YOU SUPERVISING AN ASSISTANT WHO HAS MORE THAN ONE SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please indicate whether you will be the supervisor designated as the lead supervisor for the purposes of assisting the speech-language pathology assistant in their compliance with the requirements pursuant to 16 CCR section 1399.170.17.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	

16 CCR section 1399.170.15 requires any qualified speech-language pathologist who assumes responsibility for providing supervision to a registered speech-language pathology assistant to complete and sign the following statement.

† Duties and Responsibilities of Speech-Language Pathology Assistant †

I have reviewed with my supervisor the laws and regulations pertaining to the practice of speech-language pathology assistant.

ASSISTANT SIGNATURE _____

PRINTED NAME OF ASSISTANT _____

DATE _____

† Duties and Responsibilities of Supervisor †

- 1) I possess the following qualifications to supervise an assistant: a current, active, and unrestricted Speech-Language Pathology license issued by the Board, or (if employed by a public school) a valid, active, and unrestricted credential authorizing services in language, speech, and hearing issued by the Commission on Teacher Credentialing, and have at least two years of full-time experience providing services as a licensed or credentialed speech-language pathologist. "Full-time experience" means the individual works a minimum of thirty (30) hours per week for at least thirty-six (36) weeks in a calendar year.
- 2) I will immediately notify the assistant of any disciplinary action, including revocation, suspension (even if stayed), probation terms, inactive license, or lapse in licensure that affects my ability or right to supervise.
- 3) I will ensure that the extent, kind, and quality of the clinical work performed is consistent with the training and experience of the assistant and I shall be accountable for the assigned tasks performed by the assistant. I will review client/patient records, monitor, and evaluate the ability of the assistant to provide services at the site(s) where they will be practicing and to the particular clientele being treated and ensure compliance with all laws and regulations governing the practice of speech-language pathology.
- 4) I will provide immediate supervision at least twenty (20) percent per week of the assistant's work schedule for the first ninety (90) days following initial licensure. The lead supervisor is responsible for ensuring the assistant meets the requirement in 16 CCR section 1399.170.2(d).
- 5) I will complete no less than six (6) hours of continuing professional development in supervision training prior to the commencement of supervision, and three (3) hours in supervision training every four (4) years thereafter.
- 6) I will maintain records of course completion in supervision training for a period of two (2) years from the assistant's registration renewal date.
- 7) I have reviewed with the assistant the laws and regulations pertaining to supervision and practice of assistants.
- 8) I will develop a plan for the assistant to complete twelve (12) hours of continuing professional development every two (2) years, through state or regional conferences, workshops, formal in-service presentations, independent study programs, or any combination of these, concerning communication disorders.
- 9) I will provide the assistant with a plan for how to handle emergencies.
- 10) I assume responsibility for all services provided to clients by the assistant that is being supervised.
- 11) I will provide the Board with this original signed form within thirty (30) business days from the commencement date of supervision, which verifies my compliance with the requirements set forth in Article 12 of Division 13.4 of Title 16, California Code of Regulations. I will provide a copy of this form to the assistant within forty-five (45) business days from the commencement date of supervision.

- 9) ~~I will address with the speech-language pathology assistant the manner in which emergencies will be handled.~~
- 10) ~~I will provide this board with this original signed form within thirty (30) calendar days of commencement of any supervision. I will provide a copy of this form to the speech-language pathology assistant.~~
- 11) ~~At the time of termination of supervision, I will complete the "Termination of Supervision" form 77ST(new 12/99). I will submit the original signed form to the board within fourteen (14) calendar days of termination of supervision.~~
- 12) ~~Upon written request of the board, I will provide to the board any documentation which verifies my compliance with the requirements set forth in this statement.~~
- 13) ~~I will not supervise more than three (3) support personnel, not more than two of which hold the title of speech-language pathology assistant.~~

Multiple Supervision Statement

Are you supervising an assistant who has more than one supervisor?

Yes _____ No

If yes, please indicate whether you will be the supervisor designated as the lead supervisor for the purposes of assisting the speech-language pathology assistant in his or her compliance with the continuing professional development requirement pursuant to section 1399.170.17 of the California Code of Regulations.

Yes _____ No

~~***I declare under penalty of perjury under the laws of the State of California that I have read and understand the foregoing and the information submitted on this form is true and correct.***~~

 Printed Name of Qualified Supervisor Signature of Qualified Supervisor Date

 Date Supervision Commenced

 Mailing Address: Number and Street City State Zip Code

 Qualified Supervisor's Daytime Telephone Number: () _____

 Printed Name of Speech-Language Pathology Assistant Signature of Speech-Language Pathology Assistant Date

SOCIAL SECURITY DISCLOSURE NOTICE

Disclosure of your Social Security Number (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) C)) authorize collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

77S-60(NEW 12/99)

NOTICE OF COLLECTION OF PERSONAL INFORMATION

The information collected on this form may be provided to other governmental agencies, or in response to a court order, subpoena, search warrant, or Public Records Act request. You have a right of access to records containing personal information unless the records are exempted from disclosure pursuant to the Information Practices Act (Civil Code section 1798 et seq.). Individuals may obtain information regarding the location of their records by contacting the Board's Executive Officer at the Board's address listed above.